

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/936527	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1	1			
3	2			1		
4	2			1		
5	1			1		
6	1			1		
7	1			1		
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TOTAL IND.			1			
TOTAL DEP.			1			
TOTAL CLAIMS			10			

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IND.	DEP.	IND.	DEP.	IND.	DEP.
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100					
TOTAL IND.			1		
TOTAL DEP.			1		
TOTAL CLAIMS			10		

DEST AVAILABLE COPY